

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establish	ment Name			Telephone Number	Date of Lucy	
	_	1	rni'S Pizza	812-945-1149	Date of Inspection (mm/dd/yr)	PERMIT#
Establishment Address (number and street, city, state, zip code)				י ד	10/2/19	19-
1208 State St New Albany, IN 47150				765-838-2985	10/2/11	18.
Owner Brad Cohen				Purpose:	Follow-up Release I	Pate
Owner's Address				1. Routine	NO 10days	
1				2. Follow-up	Summary of Violations:	
Person in Charge				3. Complaint	X X ~	
LChristy Allen				4. Pre-Operational	C_NC_R	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of	nage)
G-WE-TX	1 115			6. HACCP		2480) •
Christy Allen 3-21-21				7. Other (list)	1_2_3_/4_	5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative		To Be Corre	
			- FCHD recived a compl	aint that the	TO DO COME	cted By
			restroom has been out of	order for week	·r -	
· 			3	01001 101 1000		
			- Observed no violation	s. Fst is		
			locking restroom and co	11 437 1	· ·	
			ast for Kov-	LAMORS MUST		
			-CX 101 /109 =			
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		_				
Received by (name and title printed): Inspected by (name and title printed):						
Christy Hen Thomas Snides EHS						
Received by (signature):				nspected by (signature):	1	
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